# Detailed Physical Exam & On-Going Assessment

# OVERVIEW

- Detailed Physical Exam
- Baseline Vital Signs
- Ongoing Assessment

# Detailed Physical Exam

- Patient and injury specific, e.g., cut finger would not require the detailed physical exam.

- Perform a detailed physical examination on the patient to gather additional information.

# As you inspect and palpate, look and/or feel for the following examples of injuries or signs of injury:

- Deformities
- Contusions
- Abrasions
- Punctures/penetrations
- Burns
- Tenderness
- Lacerations
- Swelling

# Assess the head, inspect and palpate for injuries or signs of injury.

- Deformities
- Contusions
- Abrasions
- Punctures/penetrations
- Burns
- Tenderness
- Lacerations
- Swelling

# Assess the face, inspect and palpate for injuries or signs of injury.

- Deformities
- Contusions
- Abrasions
- Punctures/penetrations
- Burns
- Tenderness
- Lacerations
- Swelling

# Assess the ears, inspect and palpate for injuries or signs of injury .

- Deformities
- Contusions
- Abrasions
- Punctures/penetrations
- Burns
- Tenderness
- Lacerations
- Swelling
- Drainage

# Assess the eyes, inspect for injuries or signs of injury.

- Deformities
- Contusions
- Abrasions
- Punctures/penetrations
- Burns
- Tenderness
- Lacerations
- Swelling
- Discoloration
- Unequal pupils
- Foreign bodies
- Blood in anterior chamber

# Assess the nose, inspect and palpate for injuries or signs of injury.

- Deformities
- Contusions
- Abrasions
- Punctures/penetrations
- Burns
- Tenderness
- Lacerations
- Swelling
- Drainage
- Bleeding

# Assess the mouth, inspect for injuries or signs of injury.

- Deformities
- Contusions
- Abrasions
- Punctures/penetrations
- Burns
- Tenderness
- Lacerations
- Swelling
- Teeth
- Obstructions
- Swollen or lacerated tongue
- Odors
- Discoloration

# Assess the neck, inspect and palpate for injuries or signs of injury.

- Deformities
- Contusions
- Abrasions
- Punctures/penetrations
- Burns
- Tenderness
- Lacerations
- Swelling
- Jugular vein distension
- Crepitance

# Assess the chest, inspect and palpate for injuries or signs of injury.

- Deformities
- Contusions
- Abrasions
- Punctures/penetrations
- Burns
- Tenderness
- Lacerations
- Swelling
- Crepitance
- Paradoxical motion

# Breath Sounds

- Breath sounds in the apices, mid-clavicular line, bilaterally and at the bases, mid-axillary line, bilaterally.
  - Present
  - Absent
  - Equal

# Assess the abdomen, inspect and palpate for injuries or signs of injury.

- Deformities
- Contusion
- Abrasions
- Punctures/penetrations
- Burns
- Tenderness
- Lacerations
- Swelling
- Firm
- Soft
- Distended

# Assess the pelvis, inspect and palpate for injuries or signs of injury.

- Deformities
- Contusions
- Abrasions
- Punctures/penetrations
- Burns
- Tenderness
- Lacerations
- Swelling

- If the patient does not complain of pain or is unresponsive, gently flex and compress the pelvis to determine stability.

# Assess all four extremities, inspect and palpate for injuries or signs of injury.

- Deformities
- Contusions
- Abrasions
- Punctures/penetrations
- Burns
- Tenderness
- Lacerations
- Swelling
- Distal pulses
- Sensation
- Motor function

## Roll with spinal precautions and assess posterior aspect of body, inspect and palpate for injuries or signs of injury.

- Deformities
- Contusions
- Abrasions
- Punctures/penetrations
- Burns
- Tenderness
- Lacerations
- Swelling

# Assess Baseline Vital Signs

Blood Pressure

Pulse

Respirations

# On going Assessment

- Repeat initial assessment.  For a stable patient, repeat and record every 15 minutes.  For an unstable patient, repeat and record at a minimum every 5 minutes
- Reassess mental status
- Maintain open airway
- Monitor breathing for rate and quality
- Reassess pulse for rate and quality
- Monitor skin color and temperature
- Re-establish patient priorities

# On going Assessment (cont)

- Reassess and record vital signs
- Repeat focused assessment regarding patient complaint or injuries
- Check interventions
  - Assure adequacy of oxygen delivery/artificial ventilation
  - Assure management of bleeding
  - Assure adequacy of other interventions

# SUMMARY

- Detailed Physical Exam
- Baseline Vital Signs
- Ongoing Assessment